STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11910708	08/06/2013
NAME OF PROVIDER OR SUPPLIER	STREET ADDRESS, CITY, STATE, ZIP CODE	
Horizon Retirement Home	**1490 Nw 21st Street Fort Lauderdale, FL 33311**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:
St - A - 0000 - - Initial Comments
St - A - 0165 - 429.23 Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Specific Tag Findings:

0000-Initial Comments

An unannounced Assisted Living Facility complaint inspection (CCR# 2013003867 & #2013003242) was conducted on [redacted] Horizon Retirement Home, had deficiencies found at the time of the visit. Deficient practice identified at CCR#2013003867.

Note: The Complaint Inspections were conducted in conjunction with the biennial licensure survey. Please refer to the separate report.

0165-Risk Mgmt & QA; Adverse Incident Report 429.23 FS; 58A-5.0241 FAC

Based on record review and interview, the facility failed to provide within 1 business day after the occurrence of an adverse incident a preliminary report to the agency (AHCA) and a 15 day report on all adverse incidents specified under this section. As evidenced by not reporting an elopement for Resident #13.

The findings include:

Resident #13 was admitted to the facility on [redacted] after release from the hospital. She has a legal guardian. Resident #13's health assessment (AHCA 1823 form) [redacted] documented a diagnosis to include [redacted] and [redacted] Behavior status documented as "calm, pleasant" requires overall supervision. The form documents the resident is Independent of all activities of daily living.

Resident notes dated [redacted] documented the following. Case Worker came by to sign paperwork stated" patient likes to walk and visit family". Note dated [redacted] at 2:30PM notes the following, the Administrator saw resident walking towards {.....} asked where she was going and resident stated to her "my mothers".Staff also stated she was going to her mom ' s house. Staff note dated [redacted] documented the following, "walked out from {....} yesterday never came back for dinner, she says she went to her mother's house." Staff called guardian and was told on [redacted] resident was [redacted] by the police. The facility Informed the guardianship they will not take the resident back.

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During a phone interview at 10:50AM on [redacted] with the Administrator/Owner, he stated after he saw the resident walking down the street with her things he contacted his staff and they told him the

resident said she was going to stay at her moms. So he did not file a missing persons report on [redacted] when she did not return, 2 days later she was picked up by an officer who called and informed the facility she was [redacted] Guardian was notified and told resident could not return to the facility.

The facility failed to provide evidence of documentation they filed the required reports to the agency AHCA within 1 day of the incident . Further review revealed the facility had not filed the required supplemental report (15 day adverse report).

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

. 2013

Administrator
Horizon Retirement Home
1490 NW 21st Street
Fort Lauderdale, FL 33311

Re: CCR ##2013003242 and #2013003867

Dear Administrator:

This letter reports the findings of a state licensure survey that was conducted on . 2013 by a representative from this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after . **2013** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381 - 5840.

Sincerely,

for Arlene Mayo - Davis
Field Office Manager

AMD/jw
Enclosure
XG90

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